

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/914683

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		2					53					
4		①					54					
5		①					55					
6		①					56					
7		①					57					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.		7					TOTAL DEP.					
TOTAL CLAIMS	8						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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